

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036176

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 147- Primary Registration District No. 1002 Registrar's No. 4922 STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Frank B. Leitz MEDICAL CERTIFICATION

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 2 days	c. CITY OR TOWN Oregon
c. FULL NAME OF (If NOT in hospital, give location) Research		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Rural Farm
3. NAME OF DECEASED (Type or print) Jacob Israel Hahn		4. DATE OF DEATH Month Sept. Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/14/83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired		10b. KIND OF BUSINESS OR INDUSTRY General Farming	9. AGE (last birthday) 79
11a. FATHER'S NAME David Hahn		11b. MOTHER'S MAIDEN NAME Carrie Adams	11c. NAME OF HUSBAND OR WIFE Myrtle G. Hahn
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. Eugene D. Hahn Kansas City 9, Mo.	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure & Arteriosclerosis DUE TO (b) Hypertension - Arteriosclerosis Heart Disease DUE TO (c) Hypertension - Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension - Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 7 days 5+ years	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour 4:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Holt County		STATE Missouri	
21. I attended the deceased from Aug 2 1963 to Aug 6 1963 and last saw him alive on Aug 6 1963 Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank B. Leitz		22b. ADDRESS 1530 Park Blvd Kansas City Mo	
22c. DATE SIGNED 9-7-63		23. NAME OF CEMETERY OR CREMATORY Maple Grove	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/7/1963	
24. FUNERAL DIRECTOR Wagner Funeral Home K.C., Mo.		25. DATE RECD. BY LOCAL REG. 9-7-63	
26. REGISTRAR'S SIGNATURE Bessie Smith		27. LOCATION (City, town, or county) (State) Holt County Missouri	

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 10 1963

Frank & Betty
Prof Building
12100 St 4100
H & 1-1331

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. Haenschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.